

## (i) Administrative Screens

<u>Bed Range</u>	<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>
1 - 5	[- \$ 36,959] <u>\$ 36,242</u>	[\$ 44,389] <u>\$ 43,527</u>	[\$ 46,096] <u>\$ 45,201</u>
6 - 9	[ 69,114] <u>67,772</u>	[ 65,672] <u>64,397</u>	[ 64,168] <u>62,922</u>
10 - 14	[ 96,634] <u>94,757</u>	[ 90,045] <u>88,296</u>	[ 87,527] <u>85,828</u>
15 - 19	[ 136,899] <u>134,240</u>	[ 127,566] <u>125,089</u>	[ 123,471] <u>121,073</u>
20 - 24	[ 177,163] <u>173,723</u>	[ 165,083] <u>161,877</u>	[ 159,785] <u>156,682</u>
25 - 30	[ 221,453] <u>217,153</u>	[ 206,353] <u>202,346</u>	[ 199,731] <u>195,852</u>

NOTE: The above values are derived from 1984 cost report data for Region I and 1986 cost report data for Regions II and III. They contain a [three] one percent corridor. They are untrended. They are based upon a median of the array of actual salaries and site OTPS costs.

## (ii) Clinical and Direct Care/Support Regional Salaries

<u>REGION</u>	<u>DIRECT CARE/SUPPORT</u>	<u>CLINICAL</u>
1	\$16,276	\$25,103
2	\$17,417	\$23,854
3	\$19,236	\$25,715

NOTE: The above values are derived from 1984 cost report data for Region I and 1986 cost report data for Regions II and III. They contain a five percent corridor. They are untrended. They are based upon the median of the array of actual salaries. For Regions II and III the direct care/support salaries are also adjusted for salary enhancement.

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Attachment 419.D  
Part II

(iii) Support OTPS (Other than Personal Service) Screen Values

RESIDENCE CAPACITY	Region 1	Region 2	Region 3
1	\$(12,583)	\$(12,890)	\$(13,195)
2	(17,926)	(17,773)	(17,617)
3	(23,270)	(22,655)	(22,040)
4	(28,613)	\$ 31,605	(27,538)
5	(33,957)	37,507	\$ 35,726
6	(39,300)	43,409	(26,463)
7	(44,643)	49,311	\$ 24,709
8	(49,987)	55,213	(30,885)
9	(55,330)	61,115	30,432
10	(60,674)	67,017	(35,308)
11	(66,017)	72,919	36,156
12	(71,361)	78,821	(39,730)
13	(76,704)	84,723	41,879
14	(82,048)	90,626	(44,153)
15	(87,391)	96,528	47,603
16	(92,734)	102,430	(48,576)
17	(98,078)	108,332	53,326
18	(103,421)	114,234	(52,998)
19	(108,765)	120,136	59,050
20	(114,108)	126,038	(57,421)
21	(119,452)	131,940	64,773
22	(124,795)	137,842	(61,843)
23	(130,139)	143,744	70,497
24	(135,482)	149,646	(66,266)
25	(140,826)	155,548	76,221
26	(146,169)	161,450	(70,689)
27	(151,512)	167,352	81,944
28	(156,856)	173,254	(75,111)
29	(162,199)	179,156	87,668
30	(167,543)	185,058	(79,534)

Note: The above values are derived from 1984 cost report data for Region 1 and 1986 cost report data for Regions 2 and 3. [and] They contain a 5% [upward adjustment] corridor. They are untrended. They are based upon the regression analysis of actual costs against bed size.

- (3) The following cost category standards are the maximum reimbursable costs which will be utilized to screen all over 30 bed provider costs.

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For existing or newly certified sites with base and subsequent periods, as defined in Section (c)(2)(ii), from:

(i) January 1 to December 31 the cost center screens shall be:

(a) Salaries

[(i)] Cost Area

Administration and Support	\$19,413
Direct Care and Mid-Level Supervision	\$19,956
Clinical	\$31,931

(b) Other Cost Center Screens

[(ii)] Cost Area                      Screen

OTPS/Bed	\$9,180
Overhead	6.76%
Administration and Support FTE	0.56 FTE/bed

(ii) July 1 to June 30 the cost center screens shall be:

(a) Salaries

Cost Area

Administration and Support	[\$17,926]	<u>\$21,751</u>
Direct Care and Mid-Level Supervision	[\$17,364]	<u>\$20,814</u>
Clinical	[\$27,217]	<u>\$34,824</u>

(b) Other Cost Center Screens

Cost Area

OTPS/Bed	[\$7,785]	<u>\$9,190</u>
Overhead	[6.56%]	<u>7.29%</u>
Administration and Support FTE	[0.56 FTE/bed]	<u>.6284 FTE/Bed</u>

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(iii) April 1 to March 31 the cost center screens shall be:

(a) Salaries

Administration and Support	\$21,560
Direct Care and Mid-Level Supervision	20,643
Clinical	34,495

(b) Other Cost Center Screens

Cost Area

OTPS/Bed	\$9,121
Overhead	6.34 %
Administration and Support FTE	.6288 FTE/Bed

- (g) Effective [April 16, 1992] April 4, 1996, the rate shall include [2.4] 5.4 percent of the base costs used to determine the costs associated with the [3] 6 percent provider of service assessment, a tax imposed on providers of service as permitted by Public Law 102-234, the Medicaid Voluntary Contribution and Provider Specific Tax Amendments of 1991. The level of reimbursable assessment costs included in the rate is limited by and correlated to the volume of Medicaid services.
- (h) Effective July 1, 1996 there shall be an efficiency adjustment as described herein and applied as a reduction to allowable reimbursement. Except as provided for in paragraph (5), all cost and revenue information used to determine the efficiency adjustment percentages, as described herein, shall be based on reported cost and revenue information for the calendar 1992 or 1992-93 cost reporting year. Each provider shall be assigned a percentage value from the table found in (i)(4) of this section and based on total program cost, a program surplus/deficit group designation and a regional administration percentage group designation.
- (i) Determination of program surplus/deficit group. A determination shall be made as to whether each provider has a program surplus or deficit, for all under 31 bed

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intermediate care facilities. Surplus/deficit shall equal gross revenue (less any prior period appeals payments) minus allowable costs.

- (i) For those providers with a reported deficit, this deficit shall be considered the final deficit amount for the purpose of this initial calculation.
- (ii) For those providers with a reported program surplus, a certain portion of that surplus shall be exempted to establish an adjusted surplus. The adjusted surplus shall be the reported surplus minus the exempt amount. Exempt amounts shall be determined as follows. For providers whose total program costs are:
  - (a) less than \$1 million the exempt amount shall be \$10,000.
  - (b) between \$1 million but less than \$3 million, the exempt amount shall be \$22,500.
  - (c) between \$3 million but less than \$7 million, the exempt amount shall be \$35,000.
  - (d) over \$7 million, the exempt amount shall be \$40,000.
- (iii) The amount of reported surplus in excess of the exempt amount shall be the adjusted surplus.
- (iv) The reported deficit or the adjusted surplus shall be given one of the following designations used to determine the efficiency adjustment percentage in the table at section (h)(4) of this Attachment to the State Plan:
  - (a) S2 if adjusted surplus is equal to or greater than \$200,000.
  - (b) S1 if adjusted surplus is from \$20,000 to \$199,999.
  - (c) BE if reported deficit is not greater than (\$19,999) or the adjusted surplus is not greater than \$19,999 (BE - break even).
  - (d) D1 if reported deficit is from (\$20,000) to (\$199,999).
  - (e) D2 if reported deficit is equal to or greater than (\$200,000).

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(2) Determination of a calculated administration percentage group. A provider's calculated administration percentage shall equal administration, divided by the result of total program cost minus the sum of the costs of capital and administration.

(i) There shall be five designations that express the calculated administration percentage as a departure from the regional average percentage for all provider agencies by program cost. Those percentages centered around the average are designated with the abbreviation AVG. There are also two designations for percentages over the average, abbreviated OA2 and OA1 and two designations for under the average, abbreviated UA2 and UA1. These abbreviations appear in the table of percentages at section (h)(4) of this Attachment to the State Plan as well as in the following regional tables.

(ii) Each provider's assignment to one of the five groups shall be based on the provider's calculated administration percentage, total program cost and elected or assigned region. Each provider's administration percentage designation shall be determined using the following tables.

### REGION ONE

Program Cost in Millions of Dollars (< less than; > greater than)

< \$1      \$1 to < \$3      \$3 to \$7      > \$7

<u>Administration Percentage</u>				<u>Designation</u>
<u>.3400 PLUS</u>	<u>.3400 PLUS</u>	<u>.2700 PLUS</u>	<u>.3000 PLUS</u>	<u>OA2</u>
<u>.3000 .3399</u>	<u>.2900 .3399</u>	<u>.2376 .2699</u>	<u>.2400 .2999</u>	<u>OA1</u>
<u>.2600 .2999</u>	<u>.2400 .2899</u>	<u>.2200 .2375</u>	<u>.2200 .2399</u>	<u>AVG</u>
<u>.2100 .2599</u>	<u>.2200 .2399</u>	<u>.1900 .2199</u>	<u>.2000 .2199</u>	<u>UA1</u>
<u>.0000 .2099</u>	<u>.0000 .2199</u>	<u>.0000 .1899</u>	<u>.0000 .1999</u>	<u>UA2</u>

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REGION TWO

Program Cost in Millions of Dollars (< less than; > greater than)  
< \$1                      \$1 to < \$3    \$3 to \$7                      > \$7

<u>Administration Percentage</u>				<u>Designation</u>
<u>.3400 PLUS</u>	<u>.3400 PLUS</u>	<u>.3400 PLUS</u>	<u>.3400 PLUS</u>	<u>OA2</u>
<u>.2600 .3399</u>	<u>.2450 .3399</u>	<u>.2500 .3399</u>	<u>.2600 .3399</u>	<u>OA1</u>
<u>.2100 .2599</u>	<u>.2100 .2449</u>	<u>.2100 .2499</u>	<u>.2100 .2599</u>	<u>AVG</u>
<u>.1900 .2099</u>	<u>.1900 .2099</u>	<u>.1900 .2099</u>	<u>.1900 .2099</u>	<u>UA1</u>
<u>.0000 .1899</u>	<u>.0000 .1899</u>	<u>.0000 .1899</u>	<u>.0000 .1899</u>	<u>UA2</u>

REGION THREE

Program Cost in Millions of Dollars (< less than; > greater than)  
< \$1                      \$1 to < \$3    \$3 to \$7                      > \$7

<u>Administration Percentage</u>				<u>Designation</u>
<u>.2900 PLUS</u>	<u>.2800 PLUS</u>	<u>.2800 PLUS</u>	<u>.2800 PLUS</u>	<u>OA2</u>
<u>.2400 .2899</u>	<u>.2400 .2799</u>	<u>.2400 .2799</u>	<u>.2400 .2799</u>	<u>OA1</u>
<u>.2200 .2399</u>	<u>.2000 .2399</u>	<u>.2000 .2399</u>	<u>.2000 .2399</u>	<u>AVG</u>
<u>.1851 .2199</u>	<u>.1851 .1999</u>	<u>.1851 .1999</u>	<u>.1851 .1999</u>	<u>UA1</u>
<u>.0000 .1850</u>	<u>.0000 .1850</u>	<u>.0000 .1850</u>	<u>.0000 .1850</u>	<u>UA2</u>

- (3) Determination of the efficiency adjustment percentage. Each provider shall be assigned an efficiency adjustment percentage value from the following table, based on the surplus/deficit designation and the administration percentage designation. The amount of the efficiency adjustment shall be determined by reducing the appropriate values found in the table at sections (f)(1)(i) and (f)(2)(i) of this Attachment to the State Plan by the appropriate efficiency adjustment percentage. The resulting adjusted amount shall then be trended to December 31, 1995 for providers in Regions II and III and to June 30, 1996 for providers in Region I, respectively, and shall be subtracted from the reimbursable administration amount as of June 30, 1996. If the remainder is less than or equal to zero, there shall be no efficiency adjustment. If the remainder is greater than zero, the fringe benefit amount associated with administrative salaries shall be added to the remainder and this sum shall become the efficiency adjustment.

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(4) Table of efficiency adjustment percentages

	<u>S2</u>	<u>S1</u>	<u>BE</u>	<u>D1</u>	<u>D2</u>
<u>OA2</u>	<u>30.00%</u>	<u>28.50%</u>	<u>27.00%</u>	<u>25.50%</u>	<u>24.00%</u>
<u>OA1</u>	<u>29.00%</u>	<u>27.50%</u>	<u>26.00%</u>	<u>24.50%</u>	<u>23.00%</u>
<u>AVG</u>	<u>28.00%</u>	<u>26.50%</u>	<u>25.00%</u>	<u>23.50%</u>	<u>22.00</u>
<u>UA1</u>	<u>27.00%</u>	<u>25.50%</u>	<u>24.00%</u>	<u>22.50%</u>	<u>21.00%</u>
<u>UA2</u>	<u>26.00%</u>	<u>24.50%</u>	<u>23.00%</u>	<u>21.50%</u>	<u>20.00%</u>

(i) A provider's new intermediate care facility operating subsequent to the 1992 or 1992-93 cost reporting period shall be assigned the same cell value designated for the rest of the provider agency's intermediate care facilities.

(ii) New agencies operating intermediate care facilities subsequent to the 1992 or 1992-93 cost reporting period shall be assigned the center cell value, i.e., *AVG-BE*, in the table found at paragraph (4) of this section.

(5) Providers may request that OMRDD use a more recent cost reporting period, as an alternative to their 1992 or 1992-93 reporting period, to determine the efficiency adjustment percentage as described herein. Approval to use an alternative reporting period shall be granted if, upon a fiscal review by the commissioner, it is determined that the cost report for the alternative reporting period more accurately reflects the provider's current financial status. For the purpose of determining the efficiency adjustment percentage only, providers may submit corrections to their 1992 or 1992-93 cost report. Such corrections shall be certified by a certified public accountant. Providers may request the use of an alternative reporting period or may submit corrections to their 1992 or 1992-93 cost report only once. Such requests or corrections shall be made in writing and received by OMRDD by December 31, 1996. Providers shall also have until December 31, 1996 to notify OMRDD of errors made in calculating the efficiency adjustment.

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## Methods and Standards for Establishing Payment Rates

## Out of State Services

[Skilled Nursing and Intermediate Care Facilities (SNF's and ICF's)]

Nursing Facilities

New York State reimburses [SNF/ICF] nursing facility services provided in accordance with rates negotiated by the [recipient's district of fiscal responsibility or directly] State and the facility. The rate negotiated is based on the approved Medicaid rate established by the facility's home state. Where ancillary services for the necessary care of the recipient are not included in the home state's Medicaid rate, the rate approved by New York State may be augmented to include the additional services. All out-of-state rates, except those equal to or less than the facility's home state Medicaid rate must be approved by both the State Department of Social Services and the Division of the Budget. In those instances where the proposed rate is not approved, an alternative rate is negotiated and re-submitted to the Division of the Budget. Only one rate for a level or type of care will be established for a given out-of-state facility and will be applicable to all local districts. The implementation of a single locator code for all out-of-state billings precludes the potential for different rates being paid to the same facility on behalf of different local districts.

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